



Washkewicz College of Engineering

ELECTRICAL ENGINEERING AND COMPUTER SCIENCE DEPARTMENT

EECS Graduate Programs

Independent Study (circle one - CIS 698 or EEC 696)

FORM A

Name of the Student: _____

CSU ID: _____ E-mail: _____

Supervising Professor: _____

Year/ Semester: _____ Credit hours _____

Project Title: _____

Attach a proposal addressing the following:

- Objectives
- Books and materials used
- Brief description of project
- Deliverables
- Evaluation criteria

Signature of the Student: _____ Date: _____

Supervising Professor: _____ Date: _____

Program Director: _____ Date: _____

Please complete Form A and return to the department for approval of Independent Study.



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FORM B (To be submitted before or during the final week of the semester)

Name of the Student: _____

CSU ID: _____ E-mail: _____

Supervising Professor: _____

Year/ Semester: _____ Credit hours _____

Project Title: _____

Supervising Professor: Please answer the following questions and provide any additional information & comments about the student.

1. The Independent study student named above has successfully completed his/her Independent study. YES NO

2. Date deliverables received: _____ Grade: _____

3. Comments on intern Student's performance (feel free to attach):

Supervising Professor: _____ Date/Grade: _____

Please complete Form B and return this form along with a report describing your Independent study to the department.